

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # M01000001950**

1. Limited Liability Company's Name

Enterprise Title Insurance Company, LLC

2. Principal Office Address

215 Celebration Place

Suite, Apt. #, etc.

Suite 200

City & State

Celebration, FL

Zip

34747

Country

Osceola

3. Mailing Office Address

215 Celebration Place

Suite, Apt. #, etc.

Suite 200

City & State

Celebration, FL

Zip

34747

Country

Osceola

4. State/Country of Formation

Georgia

5. Date Organized or Qualified  
To Do Business in Florida

August 27, 2001

6. FEI Number

59-3730366

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State  
FL

Zip Code  
33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*Dale W. Morris*

DALE W. MORRIS

ASSISTANT VICE PRESIDENT

Date

8-31-05

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Edward R. Ginn, III	215 Celebration Place, Ste 200	Celebration, FL 34747

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of

Managing Member/Manager

*E. Ginn*

Date

8/30/05

Daytime Phone #

386-246-5780

Typed or printed name of signing Managing Member/Manager

Edward R. Ginn, III

FILED  
05 SEP - 1 PM 2:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B/K

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REINSTATEMENT 2003-2005

CR20041 (10/02)